



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D006066435

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Sheller - Globe Corporation		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 623 W. Monroe St.			
03 CITY Montpelier	04 STATE IN	05 ZIP CODE 47359	06 COUNTY Blackford	07 COUNTY CODE 9	08 CONG DIST 6
09 COORDINATES LATITUDE 40° 33' 09.0"N		LONGITUDE 085° 17' 22.0"W		Montpelier, Ind. Quad.	
10 DIRECTIONS TO SITE (Starting from nearest public road)					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Sheller - Globe Corp.		02 STREET (Business, mailing, residential) 1505 Jefferson Ave. P.O. Box 962			
03 CITY Toledo	04 STATE OH	05 ZIP CODE 43697	06 TELEPHONE NUMBER (419) 255-8840		
07 OPERATOR (If known and different from owner) W.M. Weigert, Engineering Manager		08 STREET (Business, mailing, residential) 623 W. Monroe St.			
09 CITY Montpelier	10 STATE IN	11 ZIP CODE 46359	12 TELEPHONE NUMBER (317) 728-2441		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 8/15/80 MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 6/11/81 MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 7/14/77 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1949 present BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Oily waste (flammable) Inorganics (toxic, reactive, soluble) Solvents (toxic)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Direct contact (population)					

EPA Region 5 Records Ctr.



327763

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents.)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT George Oliver 806/7/84		02 OF (Agency/Organization) Indiana State Board of Health		03 TELEPHONE NUMBER (317) 633-0213	
04 PERSON RESPONSIBLE FOR ASSESSMENT Michael Dalton		05 AGENCY LPC	06 ORGANIZATION ISBH	07 TELEPHONE NUMBER (317) 633-0158	08 DATE 5/9/84 MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

D1 STATE D2 SITE NUMBER
IN D006066435

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID
☐ B. POWDER, FINES
☐ C. SLUDGE
☐ D. OTHER _____
(Specify)
- ☐ E. SLURRY
☒ F. LIQUID
☐ G. GAS

02 WASTE QUANTITY AT SITE

(Measures of waste quantities must be independent)

TONS _____

CUBIC YARDS _____

NO. OF DRUMS 100/yr

03 WASTE CHARACTERISTICS (Check all that apply)

- ☒ A. TOXIC
☐ B. CORROSIVE
☐ C. RADIOACTIVE
☒ D. PERSISTENT
- ☒ E. SOLUBLE
☐ F. INFECTIOUS
☐ G. FLAMMABLE
☒ H. IGNITABLE
- ☐ I. HIGHLY VOLATILE
☐ J. EXPLOSIVE
☒ K. REACTIVE
☐ L. INCOMPATIBLE
☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE	~ 5000	gal/yr	hauled and incinerated
SOL	SOLVENTS	~ 1900	gal	Napthalene(in form not available)
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
Sol	Acrylonitrile (U009)	107-13-1	not stored on site anymore		
Sol	Cyclohexane (U057)	110-82-7			
Sol	Phenol (U188)	108-95-7			
Sol	Phtalic Anhydride(U190)	85-44-9			
Sol	Toluene (U220)	108-88-3			
Sol	Trichloroethylene(U228)	79-01-06			
Sol	Xylene (U239)	1330-20-7			
Sol	2-4-5 Trichlorophenol (U238)		stored properly in separate area		
	Thiourea (U219)				
IOC	Hydrazine (U133)	303-01-2			
Sol	Ethyl Ether (U117)	60-29-7			

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

ISBH files.

Conversation with Wayne Weigart, Manufacturing Engineering Manager- Sheller-Globe.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN 0006066435

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 425 04 NARRATIVE DESCRIPTION

If spills occur & safety plan not followed.

01 ☒ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 425 04 NARRATIVE DESCRIPTION

See D.

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☒ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: 425 04 NARRATIVE DESCRIPTION

See D.

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

See D.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 425

IV. COMMENTS

The old landfill on the premises has scrap rubber containing naphthalene, it is tied up by the vulcanization process and is in an unavailable form. All waste oil is manifested and hauled for incineration. Apparently, the majority of the hazardous materials for which notification was given are not used anymore. Worker injury may occur

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports) if the safety plan is not followed for the handling of the remaining material.

ISBH files.

Conversation with Wayne Wiegart, Manufacturing Engineering Manager - Sheller-Globe.

Sheller - Globe Corp.

and

Central Indiana Depl. Co.

No further action should be taken at
either site.

R. G.

Yes - Generator
and TSD facility
(existing)

EXECUTIVE SUMMARY

EPA ID# IND006066435

WINDSHIELD SURVEY YES X NO

Original Company Name: Sheller - Globe Corporation

Revised Company Name: _____

Alias Names: _____

Original X Address: 623 W. Monroe St.

Corrected _____ Montpelier, IN 47359

Blackford County

Landfill X Generator X Treatment, Storage, Disposal (TSD)

Transporter Other: _____

PRIORITY ASSESSMENT:

HIGH MEDIUM LOW X NO FURTHER ACTION (NONE)

CLASS:

I-STATE LEAD

II-REM/FIT LEAD

III-REM/FIT LEAD

X IV OTHER:

State Accompanies
FIT

Limited On-site
State Involvement

RCRA

State Priority Assessment Justification: The old landfill has scrap rubber
containing naphthalene. This is tied up and in a form unavailable to the
environment. Waste oil and other materials are stored on-site until enough
is collected to warrant hauling to a proper disposal facility.

State Comments Re: X PA SI Follow-up SI RPS HRS
No further action is necessary. A RCRA notification was filed and TSD of
hazardous materials on-hand is covered under RCRA.

STATE INVOLVEMENT

COMPLETE DOCUMENTS:

X Preliminary Assessments
Site Inspection
Follow-up Site Inspection
Responsible Party Search
Hazard Ranking System (HRS)

REVIEW DOCUMENTS:

Preliminary Assessments
Site Inspection
Follow-up Site Inspection
Responsible Party Search
Hazard Ranking System (HRS)

Prepared by: Michael Dalton

Phone: (317)633-0158

Date: 5/9/84

~~OK~~ OK for possible inspection of past landfill area.